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## Food Insecurity & Aging Adults

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Kimberly Morales

Food Insecurity & Aging Adults:

A phenomenon not to be ignored

2/25/2015

With the size of the aging population growing dramatically and rapidly, (adults aged 65 and older are projected to make up 20% of the population by 2030), it is imperative that our society focuses its attention on supporting this generation, as it will soon become the majority population in the world (CDC, 2013; Chale ´, Unanski, & Liang, 2012; Hooyman, Kawamoto, & Kiyak, 2015). This dramatic change in life expectancy is changing the world and as social workers, we not only need to increase our awareness in this changing demographic, but to broaden our spectrum of services we offer this booming generation. As discussed by Hooyman et al. (2015), as people age, they are affected by various changes within and between generations. This issue of intersectionality depicts the complexity of issues the aging population is facing and increases risk factors that this population may face in the future.

While there are various demographic characteristics that are relevant to facilitating effective services to this population, the issue of food insecurity is one that needs addressed on a larger scale. Food insecurity has varying definitions, one of which states that food insecurity is limited or restricted access to nutritious food that meets the USDA's dietary guidelines, or, simply defined as "hunger" (Ahn, Smith, Hendricks, & Ory, 2014; Hooyman et al., 2015). The implications for societal functions and the future status of the country's health and wellbeing are unfavorable if the issue of food insecurity, namely in the older adult population, is not adequately addressed in the current system (CDC, 2013). Hooyman et al. (2015) states that over 5 million older adults experience some type of food insecurity and of this number, 2.5 million are at risk of hunger. Additionally, those who experience food insecurity are three times more likely to skip their medication dosages or stop taking them altogether (Hooyman et al., 2015). The implications for the elderly skipping necessary dosages are vast. For example, if patients skip medications for certain illnesses, this can lead to an increase in negative health outcomes, which

not only could mean greater illness or death of a patient, but increases cost of medical care to society as a whole. In terms of food insecurity, providers can use these statistics to educate themselves on providing more adequate care to their elderly patients, as the issue of hunger can indirectly impact other characteristics, behaviors, maladies, and conditions that this population faces. For instance, if a medical provider is treating an elderly patient for diabetes and the patient is noncompliant in taking his/her medication, it is prudent for the provider to inquire about access to food and financial burdens, among other things, as these issues could be preventing them from being compliant with care.

While this may not be an issue that receives as much attention or funding as diabetes or cancer, it is an issue that requires consideration due to the indirect implications it may have on the overall health of an individual. From the rise in obesity levels to the lack of adequate, nutritious food, aging adults are victims to food insecurity issues that have potential detrimental implications for society on a much larger scale (Ahn et al., 2014). For instance, aging adults who are reportedly obese are more likely to be at an increased risk of comorbidities, such as chronic health problems like diabetes, subsequently facing unemployment and disability; all of which imply increased Medicare costs per individual (Ahn et al., 2014). If rapid growth rates of the elderly continue in addition to the obesity epidemic, Ahn et al. (2014), predict that “51% of the aging population will be obese and 42% will be severely obese by 2030.”

Because food insecurity issues are multifaceted, they are both affected and affect various components and characteristics of the elderly population (Ahn et al., 2014). For instance, food insecurity looks different depending on race, ethnicity, geographical location, sex, age and socioeconomic status (Ahn et al., 2014). Additionally, food insecurity can affect individuals, particularly older adults, on psychological, social, and economical levels (Ahn et al., 2014). For

instance, studies indicate that aging adults who suffer from symptoms of anxiety and depression may cope by overeating and indulging in unhealthy foods, showing a positive correlation between food insecurity and obesity (Ahn et al., 2014). Food insecurity can substantially decrease health and quality of life of older adults (CDC, 2013). As mentioned previously, this is valuable information to any care provider to be aware of, as reasons for non-compliance, risk factors for certain health conditions, and reasons for certain behavior may be a result of lack of adequate nutrition and mental health issues.

When referring to the literature presented on the topic of food insecurity and how it affects the aging population, recent research discusses an array of topics relevant to the demographic. There are a multitude of questions being asked by researchers, including but not limited to: What research strategies are going to produce the most efficient results (Lee, 2012)? Do neighborhood demographics have an effect on the elderly relative to food insecurity issues (Wai, Gallo, Giunta, Canavan, Parikh, & Fahs, 2011)? How does the United States fare in comparison to other countries in terms of intervening on the behalf of aging adults relating to issues of food insecurity (Chale ´, Unanski, & Liang, 2012)? Is body mass index (BMI) an accurate indicator of poor nutrition in aging adults (Ahn, Smith, Hendricks, & Ory, 2014)? Does food insecurity play a part in cost-related medication non-adherence in aging adults (Sattler & Lee, 2013)? While these are some of the main questions that are being asked by researchers in this area of interest, there are many other efforts being discussed, all of which attempt to answer some of these questions, and, at the very least, highlight areas that are in need of more longitudinal research.

Multiple studies use varying sample sizes and methodologies to gain a better understanding of the implications food insecurity has on the aging population. For instance, most

studies referenced in this paper use small sample sizes (n typically equals around the 1000-1200 range), while a few use systematic reviews using larger sample sizes (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). Perhaps the most impressive and reliable research article is presented by Bernstein and Munoz (2012), which presents a systematic review utilizing multiple methodologies in collecting their data to discuss the role that many determinants, namely nutrition, plays in affecting the aging population. While there are multiple studies addressing the determinants of health relative to food insecurity, most researchers agree that more data are needed in providing solid evidence arguing the role that inadequate nutrition in the elderly population plays (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). For instance, most researchers agree that more studies, as well as systematic and constructive interventions, are needed in addressing the problems food insecurity creates in the aging population, particularly in terms of monetary value (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). For instance, Lee (2012) discusses deficiencies in data and methods in terms of food insecurity and the burdens of healthcare costs. Lee (2012) states that using national secondary data to cross reference and compile more data to establish local and state datasets will allow for more reliable and valid measures of cost liabilities of food insecurity; thus providing an enhanced understanding of the significance of the problem in monetary terms. While Lee (2012) addresses this specifically, others agree that this type of methodology would be beneficial in providing information to practitioners, administrators, and policy makers on the economic advantages of solutions in improving the food and healthcare quality of lower income elderly adults (Ahn et al., 2014; Chale ´ et al., 2012; Wai et al., 2011). Another example of the need of more sufficient data is that

while some researchers are beginning to discuss the role that sex, race, ethnicity, and mental illness play in food insecurity, there is still little research in this area (Ahn et al., 2014). For instance, Ahn et al. (2014) discovered that African American women are more likely to become food insecure and obese, than both men and their white counterparts, but concluded that there is little research in the areas of food insecurity and obesity, as well as food insecurity and mental illness. While most agree that multiple methodologies and more significant data are needed, there is growing research in this area of study, which is presented hereafter.

Researchers consistently evaluate determinants of health, such as nutrition, as well as other social determinants of health that are effecting the aging population (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). The World Health Organization (2014) defines social determinants of health as “conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.” Beyond determinants such as nutrition, economic consequences that can and will stem from inadequate nutrition supply to older adults are considered detrimental by most researchers (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). Chale ´ et al. (2012) confidently states that if preventative measures are not taken for the aging population, the economic impact resulting in the nation’s age related health expenses in relation to chronic disease with nutritional determinants will sky rocket. Chale ´ et al. (2012) also argues that a dwindling workforce will be responsible for the economic responsibility of caring for older adults. Further research shows that implementing preventative programs in the aging adult population does have a positive correlation with the effect on health care expenses, even though some leave little to be desired in terms of providing adequate nutrition (Ahn et al., 2014;

Bernstein, & Munoz, 2012; Chale ´ et al., 2012). For instance, the The Elderly Nutrition Program provides meals in community centers and delivers meals to the homes of adults over 60 and spouses who are in need (Chale ´ et al., 2012). Conversely, the USDA administers a program called the Commodity Supplemental Food Program (CSFP) that provides low-income adults, aged 60 and older, with both nutritional foods (beans, fruit, vegetables, etc.) and education (Chale ´ et al., 2012). While some of these programs have made an impact on the aging population, studies indicate that they are not used to their full potential, due to cultural, racial, and geographical barriers, as well as unawareness that the programs exist (Chale ´ et al., 2012).

Researchers are also discussing the consequences suffered by the aging population, such as major health risks and development of chronic diseases. For instance, researchers in this demographic are focusing attention on comorbidities of chronic health conditions induced by an inadequate supply of nutrition (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012). Bernstein & Munoz (2012) and Chale ´ et al. (2012) both use cross sectional and clinical data to show that obesity in the baby boomer generation is being coupled with an overall reduction in physical activity, which contributes to comorbidity of chronic conditions. Ahn et al. (2014) found that food insecurity affects 15.1% of study participants (who are considered “baby boomers”) which is higher than national average. Ahn et al. (2014) used comparative studies to conclude that food insecurity in older adults leads to poor food choices because it encourages them to buy low-cost, unhealthy foods.

Perhaps the most compelling research comes from an evidence-based study that used both secondary data and social surveys to discuss the importance of neighborhood walkability and its correlation to food insecurity in the elderly, even after controlling for effects of other relevant factors (Wai et al., 2011). While researchers agree that nutritional intake is affected by



accessibility of food, Wai et al. (2011) goes an extra step to evaluate the significance of the walking environment and how it affects the issue of food insecurity, especially in the elderly. Like Wai et al.'s (2011) study, many researchers have and are currently researching various idiosyncrasies that not only contribute to food insecure adults, but that lead to other health disparities as a result of being food insecure (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). Researchers agree that food insecurity among older adults has been linked to poor health, lower cognitive function, and poor mental health outcomes, and although health status has multiple contributing factors, nutrition is one of the major determinants of successful aging (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011).

Many of the articles also propose possible solutions to the issues resulting in food insecurity and the aging population. While many articles discuss the severe implications of food insecurity on the aging population, arguing their position on varying causes and contributing factors, others are taking it a step farther and proposing interventions to help reduce the number of aging adults suffering from chronic conditions as related to nutrition (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012). For instance, Chale ´ et al. (2012) discuss, at length, a systems approach in which implementing a primary care physician based model to address the nutritional deficits faced by the aging population is proposed. Chale ´ et al. (2012) reasoning for this systems approach is based on the assumption that numerous programs have similarities and fail to provide sufficient services to the elderly. While both debates and comparisons are being made globally among researchers, most are in agreement that food insecurity plays a significant role in the health of aging adults and has severe implications for the

economic state of affairs in the future, as linked to chronic health conditions. (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). Theory is a critical component of evaluating any demographic, as it lends meaning and understanding to social phenomenons and relationships, and helps to ascribe meaning to the world around us. Specifically in the field of aging, theorists lean towards evaluating the best way in which people can age as a theoretical approach (Hooyman et al., 2015). As stated previously, both the issue of food insecurity and the role that nutrition plays in aging adults are topics that are in need of attention in current research, as the implications for the future state of society are costly if time is not dedicated to this area (Ahn et al., 2014; CDC, 2013; Hooyman et al., 2015). When evaluating theories of aging as they relate to the issue of food insecurity, there are several that could be relevant. Food insecurity is a complex issue that neatly fits into various theories; namely due to the intersectionality of components (age, race, sex, geographic location, etc.). For instance, if critical gerontology is being used to evaluate food insecurity among the aging population, one might argue that there are oppressive implications as the elderly are unable to find adequate sources of nutrition at their leisure (Richardson, 2014). Role theory might suggest that aging adults become food insecure as a result of role loss, as many do not maintain the same jobs they did in early-to-mid adulthood, stripping them of the ability to pay for nutritious food (Hooyman et al., 2015).

While there are several theories that can offer understanding to the issue of food insecurity, the two that are most applicable are the Political Economy of Aging theory and the Cumulative Disadvantage theory. While these two theories are most applicable, the life course perspective is woven into each theory, providing a framework for each philosophy. The life course perspective provides a basis on which disparities occur as a result of being born into a

certain cohort (Hooyman et al., 2015). While the life course perspective is difficult to study, it does provide a healthy combination of micro and macro perspectives of evaluating gerontology. The life course perspective attempts to link structural and individual factors that affect human development (Hooyman et al., 2015). If looked at independently, the life course perspective may imply that if aging adults were food insecure in early life, they most likely will be food insecure in late life. However, if paired with the other two theories proposed, the life course perspective can act as a tool used to validate each theory and its position.

The Political Economy of Aging theory suggests that social class determines one's access to resources; therefore, the governing groups in society can maintain their status by exploiting the position of those in a lower class (Hooyman et al., 2015). This theory looks at how social institutions bring about inequality by exploiting aging adults. It states that socioeconomic restrictions directly influence the inequalities that occur in late life as opposed to individual experience (Hooyman et al., 2015). This theory also suggests that structural forces are reinforced by public policies that limit choices and opportunities of the elderly (Hooyman et al., 2015). Life course perspective, as it relates to this theory, would further the assumption that because people were born into a certain "privileged" cohort and had certain opportunities and access to resources, their status in society is maintained by oppressing groups that do not have the same advantages (Hooyman et al., 2015).

In terms of food insecurity, the Political Economy of Aging Theory could be useful in exploring these societal disparities that exist as a result of oppression. For example, researchers could focus their energy on critically evaluating existing policies and programs that provide nutrition to the elderly, especially those who do not have immediate access. As mentioned earlier, existing nutrition programs are not being used to the full potential, due to cultural, racial,

and geographical barriers, as well as unawareness that the programs exist (Chale et al., 2012). Researchers could look deeper at these issues of inequality and provide resolutions that address the institutional barriers that perpetuate the cultural barriers. If this theory stands on a solid framework, it could successfully exploit institutionalism, perhaps providing awareness to the issue of food insecurity, and how policies and programs can be created to reduce the effects. Another aspect of food insecurity as seen from this perspective is the issues within the healthcare system. Is it unreasonable to think that Medicare recipients could benefit from a food stamp program that supplies nutritious food to society's aging population? Should providers be educating their elderly patients in the role that nutrition plays on their health, rather than assuming they are not medication compliant for reasons other than being hungry? This theory is one that firmly states that as a whole, society should restructure its institutions and reformat its policies to reduce, or even reverse, the inequalities suffered as a result of aging (Hooyman et al., 2015). While it is a strong theory that lends possible explanations to why the aging population is experiencing a high rate of food insecurity, it is also a theory that is hard to prove. Anytime a theory attempts to blame society, public policies or political figures, it is attempting to tame a wildly uncontrollable beast. This theory is one that seems to draw from Marxism, which is not well received by the majority of the population, thus making it difficult to utilize. On the other hand, because this theory relates to, and is used in conjunction with, many other theories, it is concrete and reliable.

The Cumulative Disadvantage theory similarly states that inequalities that are suffered in late life are a result of inequalities suffered in early life, possibly as a result of societal oppression (Hooyman et al., 2015). Not only does this theory state that disadvantages suffered in late life are a result of those suffered in early life, but it also states that these disadvantages

accumulate over time. This theory specifically addresses intersectionality, evaluating the numerous effects it has on those suffering from inequality (Richardson, 2014).

Relative to food insecurity, the Cumulative Disadvantage theory assumes that those who were food insecure in early life would be food insecure in late life. It would also further propose that as a result of societal oppression, aging adults who are food insecure not only are going hungry, but have accumulated other disadvantages along the way. For instance, if an aging adult is food insecure, they are most likely poor, suffering from comorbidities, and experiencing other effects from inequality such as ageism, racism, or sexism. As stated earlier, many areas of research are currently evaluating various demographics affecting those who are aging and food insecure, such as neighborhood infrastructure and comorbidities as a result of poor nutrition (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012; Sattler & Lee, 2013; Wai et al., 2011). Cumulative Disadvantage theory not only lends assumptions to poor neighborhoods and limited healthcare, but goes onto to assume that early exposure to toxic environments, poor family structure, and limited educational resources all contribute to poor health and poverty in later life (Richardson, 2014). This theory provides an interdisciplinary perspective that considers the person-in-environment and how many variables play a part in shaping the person (Richardson, 2014). While, (much like the Political Economy of Aging theory), it blames societal structure for inequalities maintained, it also considers other dynamics that affect the disparities, lending further explanations other than blaming institutions for oppression. While this theory offers a holistic perspective to aging, it does have its limitations. For instance, it is very complex and broad, covering multiple subgroups and cohorts, making it difficult to obtain variability in research data.

While both of these theories give strong arguments and can provide an understanding to the issue of food insecurity in the aging population, the Cumulative Disadvantage theory is perhaps the superior conceptual framework. While the Political Economy of Aging theory does a good job of describing how institutions play a major role in the inequalities suffered by the aging population, the Cumulative Disadvantage theory offers a realistic, concrete explanation. Because it holistically explores the various contributors to why an elderly person may be food insecure, it provides a stronger argument when proposing programs and policies that may be needed in addressing the issue. It can be argued that if a social worker were to propose a program to a board of directors, attempting to acquire funds for said program, it is more likely that those funders would respond positively to an assumption of multiple factors affecting that person's position, rather than one of solely blaming society. The Cumulative Disadvantage theory is more realistic in its assumptions as to why the aging population may be suffering from various factors in late life.

Food insecurity is an issue that can be viewed through many lenses. It can be evaluated socially, economically, politically, morally, ethically, and environmentally. It can also impact multiple levels; individual, household, communities and universally, having varying influences that ranges from a nutrient deficiency to severely affecting cognitive ability in any given individual, particularly children and the elderly (Ahn et al., 2014; Chilton & Rose, 2009). Research shows that certain cohorts of the aging population are exponentially at risk of being food insecure compared to other populations. Those cohorts include: low-income individuals, the oldest-old, minority groups, single men, and those with disabilities (Ahn et al., 2014; Deeming, 2011). For instance, those who are ethnically diverse are twice as likely as their white counterparts to be food insecure, which could be relative to oppression, avoiding foods for

cultural or religious reasons or not having access to certain foods (Deeming, 2011). In addition to age; sex, social class, receipt of state benefits and geographical region all can affect an elderly individuals susceptibility to being food insecure (Ahn et al., 2014; Deeming, 2011; Wai et al., 2011). As mentioned earlier, food insecurity issues are complex and can affect the elderly on both a psychological and sociological level (Ahn et al., 2014). Food insecurity is viewed as a result of social and economic activities that lead to lack of access to food. Such activities (which are all associated with poverty) include, but are not limited to: inadequate education and income, lack of access to both health care and health literacy, and unsafe living conditions (unclean water, poor housing, and unsafe neighborhood environments) (Chilton and Rose, 2009; Sattler and Lee, 2013; Wai et al., 2011).

In terms of biological and psychological consequences, much attention can be given to the personal effects the elderly can suffer as a result of being food insecure. Aging adults that are faced with food insecurity are more likely to see an increase in hospitalizations and limitations to carry out activities of daily living as a result of vitamin deficiencies and overall lower quality of health (Hooyman et al., 2015). It is important to note that nutritious meals in hospitals and nursing homes are lacking, which has implications for the health of those who are seeing increased hospital stays and are possibly being transferred to nursing homes (Deeming, 2011; Gunderson, Kreider, & Pepper, 2011). A staggering statistic reported by Hooyman et al. (2015) is that being food insecure is roughly equivalent to being 14 years older, which has detrimental implications for the quality of life of a food insecure aging adult. If one is seemingly a decade older than their stated age, it can be implied that not only can their life be cut short, but their quality of life can drastically decrease at an earlier age. As a person enters into old age, retirement or job loss is most likely an inevitable result of aging, as is a decrease in both physical

activity and reduction in appetite (Deeming, 2011). Those who face food insecurity typically have seen a reduction in income and benefits as well. For those individuals that cannot maintain past career benefits, personal decisions become less about preference and more about survival. For instance, going to the grocery store, and preparing and eating food can all be extremely challenging for those in old age (Deeming, 2011; Gunderson et al., 2011). Similarly, if an aging adult is living alone, cooking for one has been shown to be a personal reason some individuals will not go to great lengths to cook a healthy meal for themselves (Deeming, 2011).

Another psychological implication is the stigma that surrounds the elderly receiving government assistance such as food stamps (Gunderson et al., 2011; Hooyman et al., 2015). Some aging adults may feel that food stamps are reserved for young families and it can result in them declining those available services. By refusing to receive food stamps as a result of feeling stigmatized, the correlation between food insecurity, depression, and obesity can be reinforced, as stated earlier (Ahn et al., 2014; Gunderson et al., 2011). Furthermore, stigma may be perpetuated by the individual themselves, as they may not only fear being judged by others, but show their own distaste of receiving assistance. More recently, finger-printing has been incorporated to the process of receiving food stamps, which could prove to be a major deterrent (Gunderson et al., 2011; Hooyman et al., 2015). Additionally, the transportation issues and geographical boundaries the elderly may face outweigh the costs of the benefit they may receive, which can be as little as \$17/month (Gunderson et al., 2011; Hooyman et al., 2015). Other biological and psychological implications have previously been discussed, which include medication compliance and increases in comorbidities (Ahn et al., 2014; Hooyman et al., 2015).

From a social structural perspective, it can be argued that the implications are vast. For instance, Hooyman et al. (2015) argues that increase costs in medical care, as well as rising rates



of hunger are imminent. Hunger does not necessarily equate low income: some may not have the means to get to the store, others lack sociability of eating with others, and some may be unable to cook for themselves or may be experiencing comorbidities (such as mental illness, dementia) that prevent them from cooking for themselves or affects their appetite (Hooyman et al., 2015).

Additionally, numerous studies have shown correlation of food insecurity and a wide range of health outcomes, which has great implications for society as a whole. While many of these are evaluating health outcomes of children and young adults, studies are beginning to focus on the aging population. More studies are looking at long-term effects that begin in childhood and lead into adulthood, and eventually, into the late adult years (Ahn et al., 2014; Bernstein & Munoz, 2012; Chale ´ et al., 2012; Lee, 2012). For instance, if a child is food insecure, they may suffer from lower nutrient intakes, higher levels of aggression, cognitive deficits, etc. (Ahn et al., 2014; Chilton & Rose, 2009; Gunderson et al., 2011). As this child ages, it is likely they will continue to suffer from these deficits they obtained during childhood, and most likely will continue to be food insecure. Ultimately, this child will be an aging adult, suffering from chronic comorbidities. While there are numerous programs that reach these populations, such as the Supplemental Nutrition Assistance Program (SNAP, also referred to as food stamps), the focus needs to be widespread (Chilton & Rose, 2009; Hooyman et al., 2015). SNAP is a program that assists eligible, low-income households gain access to nutritious food and an adequate diet through the use of food stamps (Ratcliffe & McKernan, 2010). Not only should attention be placed on creating existing programs for the elderly of this generation who are food insecure, but greater attention needs to be given to food insecure pregnant mothers, impoverished young families, and even the orphans of this time. If the issue of food insecurity can be prevented and eliminated

before a child comes into existence, then perhaps the health of the nation would dramatically increase (Chilton & Rose, 2009; Gunderson et al., 2011).

Policy implications are beyond measure. Programs that address cultural, racial and geographical barriers are going to be the programs that drastically reduce, if not eliminate, food insecurity altogether. Deeming (2011) states that, “securing adequate food and nutrition is essential for the maintenance of our health and function in society,” which is the approach needed when addressing the issue of food insecurity in society, especially within the aging population. (Ahn et al., 2013; Chilton & Rose, 2009; Gunderson et al., 2011; Hooyman et al., 2015). For instance, policy makers and program administrators need to be looking closely at the negative health consequences that food insecurity causes (Ahn et al., 2013; Chilton & Rose, 2009; Gunderson et al., 2011; Hooyman et al., 2015). There also needs to be policy and national standards of care for nursing homes and hospital, especially in terms of adequately nutritious food. Additionally, economists have given attention to how resources and budget constraints impact food insecurity, which has produced new insights for policy-makers and identifying causal impacts of food assistance program on food insecurity (Deeming, 2011). There are two aspects that policy makers need to especially take note of: food insecurity combined with poverty should be a red flag and being food secure does not indicate an absence of need (Ahn et al., 2013; Chilton & Rose, 2009; Gunderson et al., 2011; Hooyman et al., 2015). Other implications should revolve around reducing food prices as well as reducing medical expenditures relevant to benefit-cost considerations of program like SNAP (Deeming, 2011). SNAP does reduce food insecurity, although reconstructions of the program are being considered (what types of foods are available, among other things) (Deeming, 2011). Another policy implication is one that focuses heavily on food deserts. Areas where there are geographical restrictions, mobility restrictions or

living in remote areas without direct access to grocery stores and limited transportation all need to be evaluated for the role they play in being food insecure (Deeming, 2011; Wai et al., 2011).

While all peoples should be concerned with this issue, governing institutions need to be especially concerned, as it is becoming a matter of feeding citizens, which can be argued is a responsibility of the government (Chilton & Rose, 2009). For instance, specifically in the United States, 11.1% of households and more than 33 million people are considered food insecure (Chilton & Rose, 2009). Despite more than \$50 billion per year being spent by the government on nutrition assistance programs, there has been no reduction in the amount of food insecure peoples in the U.S., rather, the number has slightly increased over the past 18 years (Chilton & Rose, 2009). \$90 billion per year is spent on increased medical costs, lost educational achievement, and lack of worker output as a result of food insecurity (Chilton & Rose, 2009). The U.S. has a solid record of protecting civil and political rights; however, when it comes to social, economic, and cultural rights, that simply ascribe to the right of a minimum standard of living, the U.S. has failed at providing justice in these arenas (Chilton & Rose, 2009). Out of all the countries that have adopted the notion of food being a basic human right, the U.S. and Australia are the only two who have not agreed on adopting this rule (Chilton & Rose, 2009). While the government has implemented various programs and policies, no accountability has been given to monitor the government in following through with any of the steps in reducing food insecurity (Chilton & Rose, 2009).

As social workers, it is our responsibility, as stated in the NASW Code of Ethics, to abide by a set of core values that demands that we hold the dignity and worth of a person in the highest regard. Not only do we hold dignity and worth of person in high regard, but we are to be service oriented, helping those in need while addressing the social injustices they face. It is our

responsibility to engage in evidence-based practices, expanding our knowledge base and skills in order to address these concerns. Furthermore, maintaining such an interdisciplinary view of food insecurity issues among the aging population will have a positive impact and holds future implications for our society, if we can develop efficient research practices. Researchers within the field of social work need to look at information beyond poverty status in order to fully understand the issue of food insecurity. Social determinants, accessibility of resources to households, and accuracy of reported income are just a few of the many factors that can contribute to food insecurity (Deeming, 2011). Evaluating bidirectional causality (for example, diabetes leading to food insecurity due to food limitations and medical costs and food insecurity leading to diabetes because of lack of nutritious food and no access) is needed to collect efficacious data (Deeming, 2011). There is a need for credible research in this area, as public and private sectors and policy makers are attempting to eliminate this problem, but need more substantial data to support their interventions. With such attention given to the research in this area, social workers have great potential to reduce and possibly eliminate the issue of food insecurity among the aging population.

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